POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION		)	-	
O.I.P.E. CLASSIFIER		14/	3/4	
FORMALITY REVIEW	WH	764/920	02-19-01	
RESPONSE FORMALITY REVIEW	Zm	927	07/24/01	

## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Restricted 0 Objected								
Claim	Date	Claim	Date	Claim	Date			
Final Original		Claim Final Original Original		Final				
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5	<del>- - - - </del> - - -	×(55)	<del></del>	105	<del>┍╃╃╏┩╄╄</del>			
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13	<del></del>	63	<del>                                     </del>	112				
14	<del>                                     </del>	64	<del>                                     </del>	114	<del></del>			
15	<del></del>	65	<del>                                     </del>	115	<del></del>			
16		66		116	<del></del>			
17		67		117	<del></del>			
18		68		118	<del></del>			
19		69		119				
28		70		120				
21 /		71		121				
20	<del>                                      </del>	72		122				
23		73		123				
24	+++++	74		124				
26	<del></del>	75 76		125				
7		77	<del></del>	126	<del></del>			
X X		78	<del>                                     </del>	127	<del>-                                     </del>			
29		79		129	<del>                                     </del>			
30		80		130				
31		81		131	<del>                                     </del>			
8		82		132				
3		83		133				
		84		134				
35	+	85		135				
\$6 \$2	+++++	86		136				
38	++++	87		137	<del></del>			
39	<del>                                     </del>	89		138	<del></del>			
0	<del></del>	90	<del></del>	139	<del></del>			
40	<del>                                     </del>	91	+ + + + + + + + + + + + + + + + + + + +	140				
12 1		92		142	<del></del>			
43	<del>               </del>	93	<del>               </del>	143	<del>┤╸</del> ┼╴ <del>╏╸╏╸╏╸╏╸</del> ╏			
44 1 1	<del>                                     </del>	94	<del>                                     </del>	144	<del>┤┤┼┼┼</del>			
42 43 44 44 45 45 46 47 ) 48 49 50 1	<del>                                     </del>	95	<del>                                     </del>	145	<del>                                     </del>			
46		96	<del> -       -   </del>	146	<del></del>			
47)		97		147	<del>                                      </del>			
47) 48 49 50		98		148				
49		99		149				
/1501		100		150				

If more than 150 claims or 10 actions staple additional sheet here